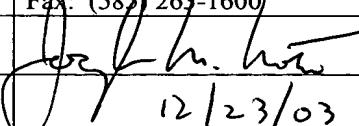
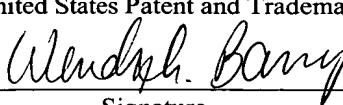
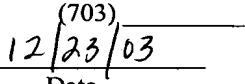


|  |  |                        |                   |
|--|--|------------------------|-------------------|
| <b>TRANSMITTAL FORM</b><br><i>(to be used for all correspondence after initial filing)</i> |  | Application Number     | 10/658,006        |
|  |  | Filing Date            | September 9, 2003 |
|  |  | First Named Inventor   | Zhang et al.      |
|  |  | Group Art Unit         | 1723              |
|  |  | Examiner Name          |                   |
| Total Number of Pages in This Submission   |  | Attorney Docket Number | 200701/1126       |

|  |  |   |  |  |
|--|--|---|--|--|
| <b>ENCLOSURES (check all that apply)</b>   |  |   |  |  |
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Second Preliminary Amendment<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input checked="" type="checkbox"/> Supplemental Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/ Incomplete Application<br><input type="checkbox"/> A copy of the Notice to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers<br><i>(for an Application)</i><br><input type="checkbox"/> Drawing(s)<br><input checked="" type="checkbox"/> Declaration and Power of Attorney<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Application Data Sheet<br><input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures<br><input checked="" type="checkbox"/> A self-addressed, prepaid postcard for acknowledging receipt<br><input checked="" type="checkbox"/> Request For Correction Of Inventorship Under 37 C.F.R. § 1.48(c)<br><input checked="" type="checkbox"/> Statement of Thomas N. Corso<br><input checked="" type="checkbox"/> Statement of Gary A. Schultz<br><input checked="" type="checkbox"/> Statement of Simon J. Prosser<br><input checked="" type="checkbox"/> Consent of Assignee Advion Biosciences, Inc. |  |  |
|  |  |   | Remarks  |  |
|  |  |   | <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 14-1138 for the above identified docket number. |  |

|   |   |  |
|---|---|--|
| <b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b> |   |  |
| Firm<br>or<br>Individual name                     | Joseph M. Noto<br>Nixon Peabody LLP<br>Clinton Square, P.O. Box 31051<br>Rochester, New York 14603-1051<br>Telephone: (585) 263-1601<br>Fax: (585) 263-1600 |  |
| Signature   |  Registration No. 32,163   |  |
| Date  | 12/23/03  |  |

|   |  |  |
|---|--|--|
| <b>CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]</b>   |  |  |
| I hereby certify that this correspondence is being:   |  |  |
| <input checked="" type="checkbox"/> deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop _____, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 |  |  |
| <input type="checkbox"/> transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at (703) _____.  |  |  |
| <br>Signature<br>Wendy L. Barry<br>Typed or printed name  |  |  |
| <br>Date<br>12/23/03   |  |  |

# FEE TRANSMITTAL FOR FY 2003

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** **(\$)** 130

| Complete if Known    |                   |
|----------------------|-------------------|
| Application Number   | 10/658,006        |
| Filing Date          | September 9, 2003 |
| First Named Inventor | Zhang et al.      |
| Examiner Name        |                   |
| Art Unit             | 1723              |
| Attorney Docket No.  | 200701/1126       |

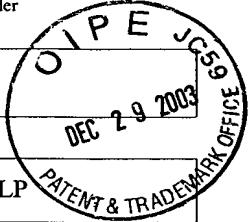
## METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  Other  None

Deposit Account:

Deposit Account Number

14-1138



## The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s)  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

### 1. BASIC FILING FEE

| Large Entity        | Small Entity | Fee Description | Fee Paid |
|---------------------|--------------|-----------------|----------|
| Fee Code            | Fee Code     | Fee (\$)        | Fee (\$) |
| 1001                | 770          | 2001            | 385      |
| 1002                | 340          | 2002            | 170      |
| 1003                | 530          | 2003            | 265      |
| 1004                | 770          | 2004            | 385      |
| 1005                | 160          | 2005            | 80       |
| <b>SUBTOTAL (1)</b> |              | <b>(\$)</b> 0   |          |

### 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

|                    | Fee from below   | Fee Paid |
|--------------------|--|----------|
| Total Claims       | Extra Claims -20** = <input type="text"/> X <input type="text"/> = 0 |          |
| Independent Claims | -3** = <input type="text"/> X <input type="text"/> = 0               |          |
| Multiple Dependent | X <input type="text"/> = 0   |          |

| Large Entity        | Small Entity | Fee Description |     |
|---------------------|--------------|-----------------|-----|
| Fee Code            | Fee Code     | Fee (\$)        |     |
| 1202                | 18           | 2202            | 9   |
| 1201                | 86           | 2201            | 43  |
| 1203                | 290          | 2203            | 145 |
| 1204                | 86           | 2204            | 43  |
| 1205                | 18           | 2205            | 9   |
| <b>SUBTOTAL (2)</b> |              | <b>(\$)</b> 0   |     |

\*\*or number previously paid, if greater; For Reissues, see above

## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES

| Large Entity              | Small Entity | Fee Description |          |
|---------------------------|--------------|-----------------|----------|
| Fee Code                  | Fee Code     | Fee (\$)        | Fee (\$) |
| 1051                      | 130          | 2051            | 65       |
| 1052                      | 50           | 2052            | 25       |
| 1053                      | 130          | 1053            | 130      |
| 1812                      | 2,520        | 1812            | 2,520    |
| 1804                      | 920*         | 1804            | 920*     |
| 1805                      | 1,840*       | 1805            | 1,840*   |
| 1251                      | 110          | 2251            | 55       |
| 1252                      | 420          | 2252            | 210      |
| 1253                      | 950          | 2253            | 475      |
| 1254                      | 1,480        | 2254            | 740      |
| 1255                      | 2,010        | 2255            | 1,005    |
| 1401                      | 330          | 2401            | 165      |
| 1402                      | 330          | 2402            | 165      |
| 1403                      | 290          | 2403            | 145      |
| 1451                      | 1,510        | 1451            | 1,510    |
| 1452                      | 110          | 2452            | 55       |
| 1453                      | 1,330        | 2453            | 665      |
| 1501                      | 1,330        | 2501            | 665      |
| 1502                      | 480          | 2502            | 240      |
| 1503                      | 640          | 2503            | 320      |
| 1460                      | 130          | 1460            | 130      |
| 1807                      | 50           | 1807            | 50       |
| 1806                      | 180          | 1806            | 180      |
| 8021                      | 40           | 8021            | 40       |
| 1809                      | 770          | 2809            | 385      |
| 1810                      | 770          | 2810            | 385      |
| 1801                      | 770          | 2801            | 385      |
| 1802                      | 900          | 1802            | 900      |
| Other fee (specify) _____ |              |                 |          |

\*Reduced by Basic Filing Fee Paid

**SUBTOTAL (3)** **(\$)** 130

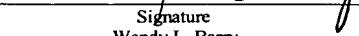
## CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]

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 transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at (703) \_\_\_\_\_

12/23/03

Date



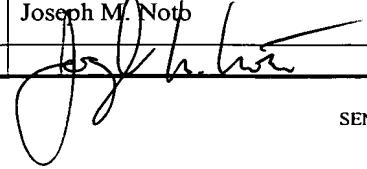
Signature

Wendy L. Barry

Typed or printed name

## SUBMITTED BY

Complete (if applicable)

|                   |   |                                   |        |           |                |
|-------------------|---|-----------------------------------|--------|-----------|----------------|
| Name (Print/Type) | Joseph M. Notb  | Registration No. (Attorney/Agent) | 32,163 | Telephone | (585) 263-1601 |
| Signature         |  |                                   |        | Date      | 12/23/03       |

SEND TO: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450